

Include with your return.

For the calendar year 2015 or fiscal year beginning [M,M|D,D|2,0,1,5] and ending [M,M|D,D|Y,Y,Y,Y].

Your Name as shown on Form 140, 140NR, 140PY, 140X, 99T, 120, 120A, 120S, 120X or 165	Your Social Security or Employer Identification Number
Spouse's Name as shown on Form 140, 140NR, 140PY, 140X (if a joint return)	Spouse's Social Security Number

Part 1 Business Information

- 1 Business name: _____
- 2 Business location: _____

- 3 Employer Identification Number: _____

Part 2 Net Increase in Qualified Employment Positions

4 Average number of qualified employment positions during the current taxable year.....	4	
5 Average number of qualified employment positions during the immediately preceding taxable year ..	5	
6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4	6	
7 Number of positions on line 6 that are eligible for any other income tax credit under Arizona law	7	
8 Maximum number of positions eligible for the credit: Subtract line 7 from line 6.....	8	

Part 3 Qualifying New Employees

9 New employees hired during the year	9	
10 Qualified new employees	10	
11 Maximum number of qualifying net new employees: Enter the smaller of line 8 or line 10.....	11	

Part 4 Credit Calculation for Qualified Employees

	(a) No. of Qualifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit	
12 Qualifying Net New Employees..... 12	\$	00	25%	\$	00
13 Previously Qualified Employees in the Second Year of Continuous Employment.... 13	\$	00	33.33%	\$	00
14 Previously Qualified Employees in the Third Year of Continuous Employment..... 14	\$	00	50%	\$	00
15 TOTALS: Add lines 12 through 14, columns (a), (b) and (d)..... 15	\$	00		\$	00

Part 5 S Corporation Credit Election and Shareholder's Share of Credit

- 16 The S corporation has made an irrevocable election for the taxable year ending: [M,M|D,D|Y,Y,Y,Y]
to **(check only one box)**:
- Claim the credit for employment of TANF recipients, as shown on Part 4, line 15, column (d) for the taxable year mentioned above;
OR
 - Pass the credit for employment of TANF recipients, as shown on Part 4, line 15, column (d) for the taxable year mentioned
above, through to its shareholders.

Signature Title Date

If passing the credit through to the shareholders, complete lines 17 through 20 separately for each shareholder.
Furnish each shareholder with a copy of pages 1 and 2 of Form 320.

- 17 Name of shareholder: _____
- 18 Shareholder's TIN: _____
- 19 Individual shareholder's share of total qualifying wage expense from Part 4, line 15, column (b).....
- 20 Shareholder's share of the amount on Part 4, line 15, column (d).....

19		00
20		00

Your Name (as shown on page 1)	Your Social Security or Employer Identification Number
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Part 6 Partner's Share of Credit

Complete lines 21 through 23 separately for each partner.
Furnish each partner with a copy of pages 1 and 2 of Form 320.

21 Name of partner: _____

22 Partner's TIN: _____

23 Partner's share of the amount on Part 4, line 15, column (d)..... **23** **00**

Part 7 Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
24	2010	00	00	00
25	2011	00	00	00
26	2012	00	00	00
27	2013	00	00	00
28	2014	00	00	00
29	TOTAL AVAILABLE CARRYOVER: Add lines 24 through 28, column (d)			00

Part 8 Total Available Credit

30	Current year's credit: • Individuals, corporations, S corporations that are claiming the credit, or exempt organizations with UBTI: Enter the amount from Part 4, line 15, column (d). • S corporation shareholders: Enter the amount from Part 5, line 20. • Partners of a partnership: Enter the amount from Part 6, line 23. • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 11, column (a)</i> . • Corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 8, column (a)</i>	30	00
31	Available carryover: Enter the amount from Part 7, line 29, column (d). • Individuals: Also, enter this amount on <i>Arizona Form 301, Part 1, line 11, column (b)</i> . • Corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 8, column (b)</i>	31	00
32	Total Available Credit: Add lines 30 and 31 and enter the total. • Individuals: Also, enter on <i>Arizona Form 301, Part 1, line 11, column (c)</i> . • Corporations, S corporations that are claiming the credit, and exempt organizations with UBTI: Also, enter this amount on <i>Arizona Form 300, Part 1, line 8, column (c)</i>	32	00

Individual shareholders of an S Corporation: If you are claiming this credit, you must include the amount from Part 5, line 19, on your Arizona income tax return, under "Other Additions".

Your Name (as shown on Form 320 page 1)

Your Social Security or Employer Identification Number

Page _____ of _____

Form 320-1

Qualifying Employees

2015

	(a) Employee's Name	(b) Social Security Number	(c) Date of Hire	(d) Was this employee an Arizona resident on date of hire?	(e) Was this employee receiving TANF benefits on date of hire?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

If you have more than 25 qualifying employees, complete additional schedules and include behind this page.

Your Name (as shown on Form 320, page 1)

Your Social Security or Employer Identification Number

Page _____ of _____

Form 320-2	Qualifying Employees for Which You are Claiming a Credit	2015
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(a) Employee's Name	(b) Social Security Number	(c) Type of Employee			(d) Total Wages Paid to the Employee During the Current Taxable Year Less Wages Subsidized as Provided by A.R.S. §46-299	(e) Maximum Allowable Wages:			
		Check the appropriate box. This employee is a:				Enter the lesser of column (d) or the maximum allowed below.			
		(c1) 1 st Year Employee	(c2) 2 nd Year Employee	(c3) 3 rd Year Employee			(e1) Year 1 \$2000	(e2) Year 2 \$3000	(e3) Year 3 \$3000
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00				
12 TOTAL:									
<ul style="list-style-type: none"> • For column (c), add the number of employees in each column (c1), (c2) and (c3), and enter the total for each column on line 12. • For columns (d) and (e), add the amounts in each column and enter the total for each column on line 12. 12 					00				

If you have more than 11 qualifying employees for which you are claiming a credit, complete additional schedules and include behind this page.